

Name
In
Full

Malvina Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

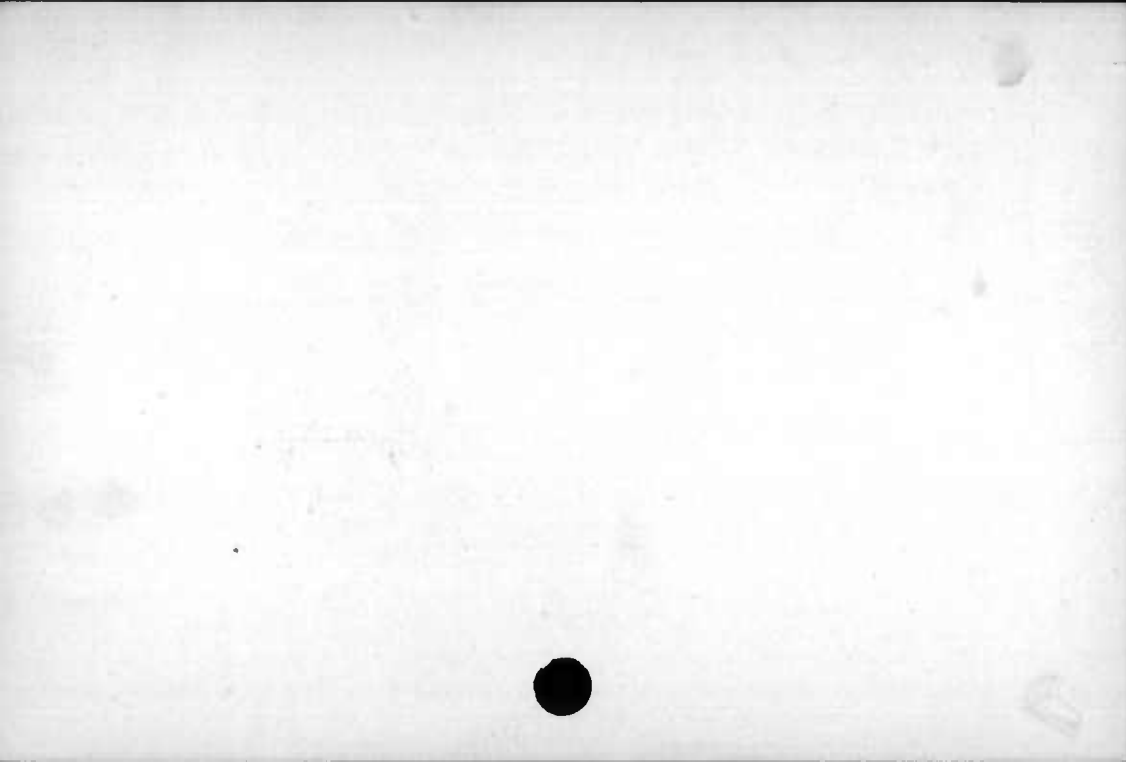
Died at <i>Princess Anne</i>		Town <i>Princess Anne</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Dec</i>		Day <i>13</i>		Age <i>78</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>md.</i>			
Occupation <i>Housework</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Robbt Anderson</i>					
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>"</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Demmond Williams</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

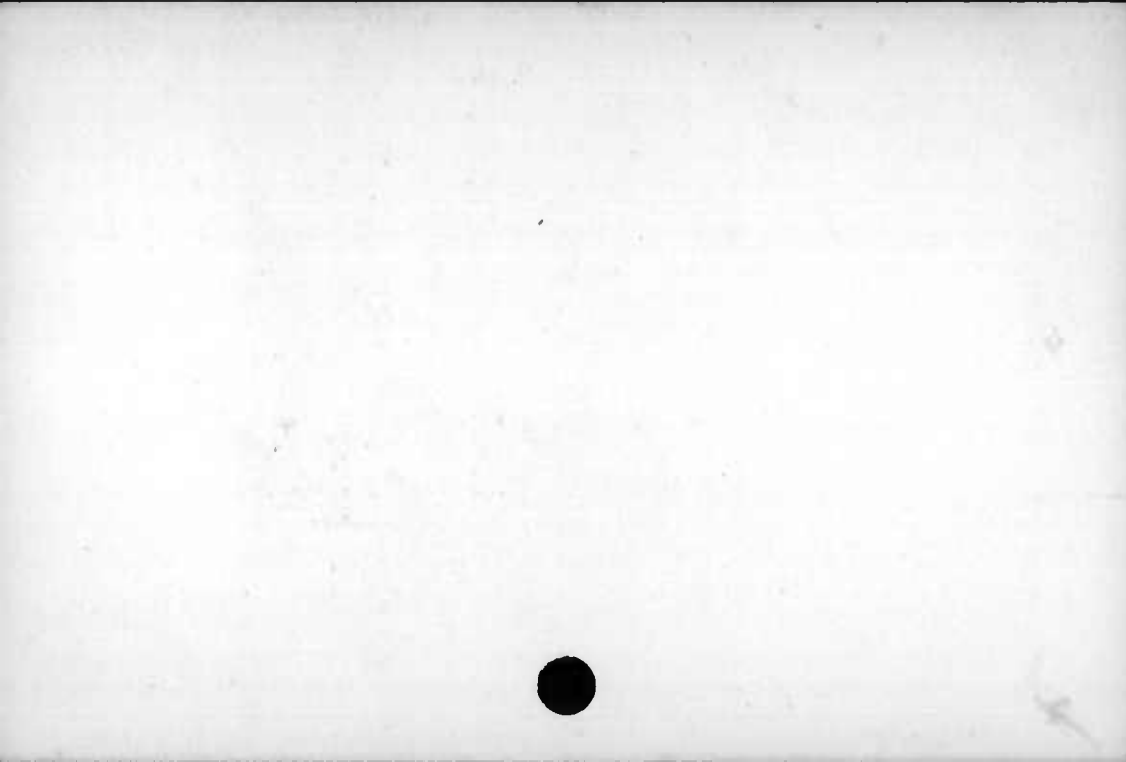
Primary <i>Natural Regurgitation</i>		How long <i>About 1 yr.</i>	
Immediate <i>Cardiac Asthenia</i>		How long <i>1 week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas. T. Fisher, M.D.</i>	
		Address <i>Princess Anne, md.</i>	
Accident or Suicide?			



Name in Full		Margaret Benson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Crisfield ^{Town}		Somerset ^{County}		MARYLAND	
	Date of death	1907	Month Dec	Day 28	Age Years 81	Months 6	Days
	Sex	Female		Color or Race	White		Birth- place
	Occupation	Lady		Where Residing if not at place of death		Wilmington Del.	
	Married, Single or Widowed	Widowed		Name of Wife or Husband			
	Father's Name	John Purnell				Father's Birthplace	Delaware
	Mother's Maiden Name	Susan Smith				Mother's Birthplace	Delaware
	Name of person giving In formation	E. B. Drumm				How related to deceased	Grandson
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">120</div>							
PHYSICIAN OR CORONER	Primary	Chronic Nephritis				How long	-
	Immediate	Lazaret				How long	7 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	H. F. Keuell	
					Address	Crisfield Md	
Accident or Suicide? <input type="checkbox"/>							



Name in Full		Thomoe Edward Brown				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Crisfield		County		Somerset	
	Date of death		1907		Month		Dec	
			Day		24		Age	
			Years		55		Months	
			Days					
	Sex		Male		Color or Race		White	
	Birth place		Crisfield Md		Occupation		Copterman	
		Where Residing if not at place of death						
Married, Single or Widowed		Married		Name of Wife or Husband		Maggie Bradshaw.		
Father's Name		William Brown.		Father's Birthplace		Crisfield Md		
Mother's Maiden Name		Anne Evans		Mother's Birthplace		Crisfield Md		
Name of person giving information		Thos E. Brown		How related to deceased		Son		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Chronic Nephritis		How long		one year	
	Immediate		Dropsy		How long		2 months	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. F. Heall	
					Address		Crisfield	
	Accident or Suicide?							



Name
in
Full

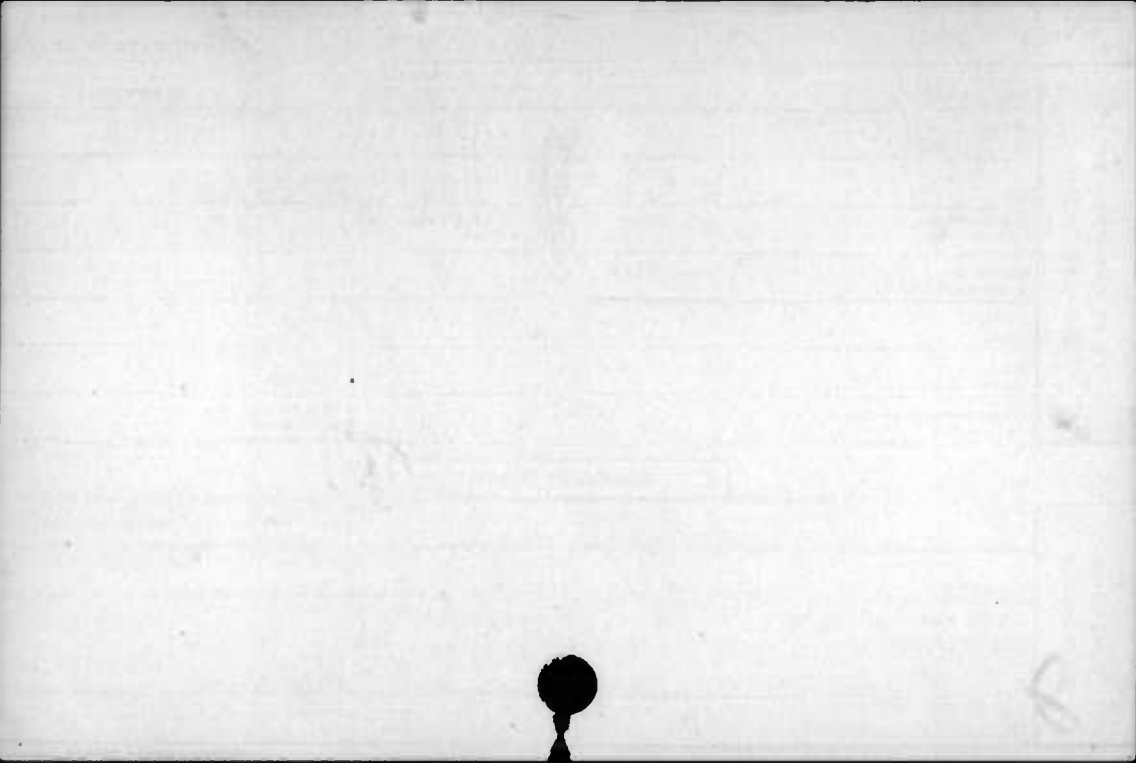
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

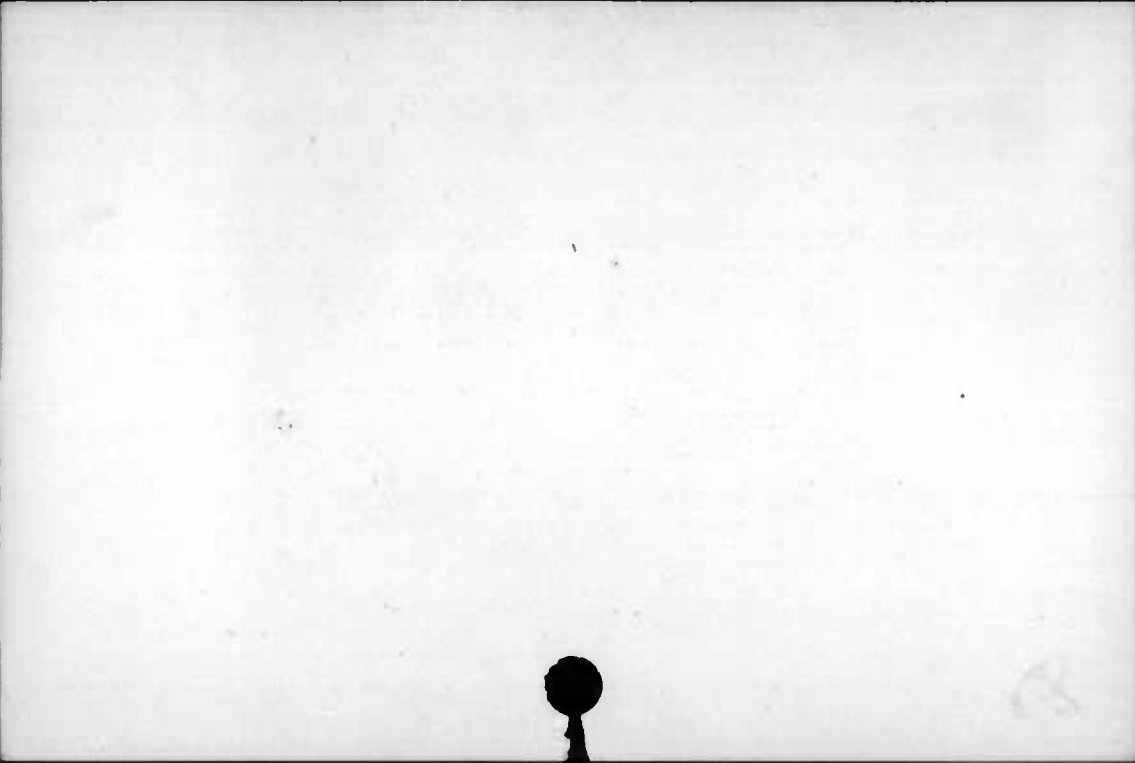
Name in Full John Boznango		Town Crisfield		County Somerset		MARYLAND	
Died at Crisfield		Date of death 1907 Dec 7		Age 5-9		Months 11 Days 8	
Sex Male		Color or Race White		Birth-place Italy			
Occupation Merchant		Where Residing if not at place of death Crisfield Md					
Married, Single or Widowed Married		Name of Wife or Husband Joannah Boznango		Father's Birthplace Italy			
Father's Name Thursday Boznango		Mother's Maiden Name Rosa		Mother's Birthplace Italy			
Name of person giving information Joe Anniah Boznango		How related to deceased Wife					
CAUSES OF DEATH 120							

PHYSICIAN
OR CORONER

Primary Nephritis Chronic - Gangrene	How long
Immediate Asthemia - Gangrene	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Wm. H. Coulbourn,
	Address Crisfield, Md.
Accident or Suicide? —	



Name in Full		George Clinton Byrd				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Christfield		Somerset		MARYLAND
	Date of death		1907	Month	Dec	Day	21
	Age		7		Years	Months	
	Sex		male		Color or Race	white	
	Occupation		School		Birth-place	Christfield Md	
	Where Residing if not at place of death		—				
	Married, Single or Widowed		Single		Name of Wife or Husband		
PHYSICIAN OR CORONER	Father's Name		John H Byrd		Father's Birthplace		
	Mother's Maiden Name		Julia Drzi		Mother's Birthplace		
	Name of person giving information		—		How related to deceased		
	CAUSES OF DEATH						
	Primary		Measles		How long		
Immediate		Broncho pneumonia		How long			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
Accident or Suicide?		—		Address			



Name
in
Full

Ada B. Campbell

CERTIFICATE OF DEATH

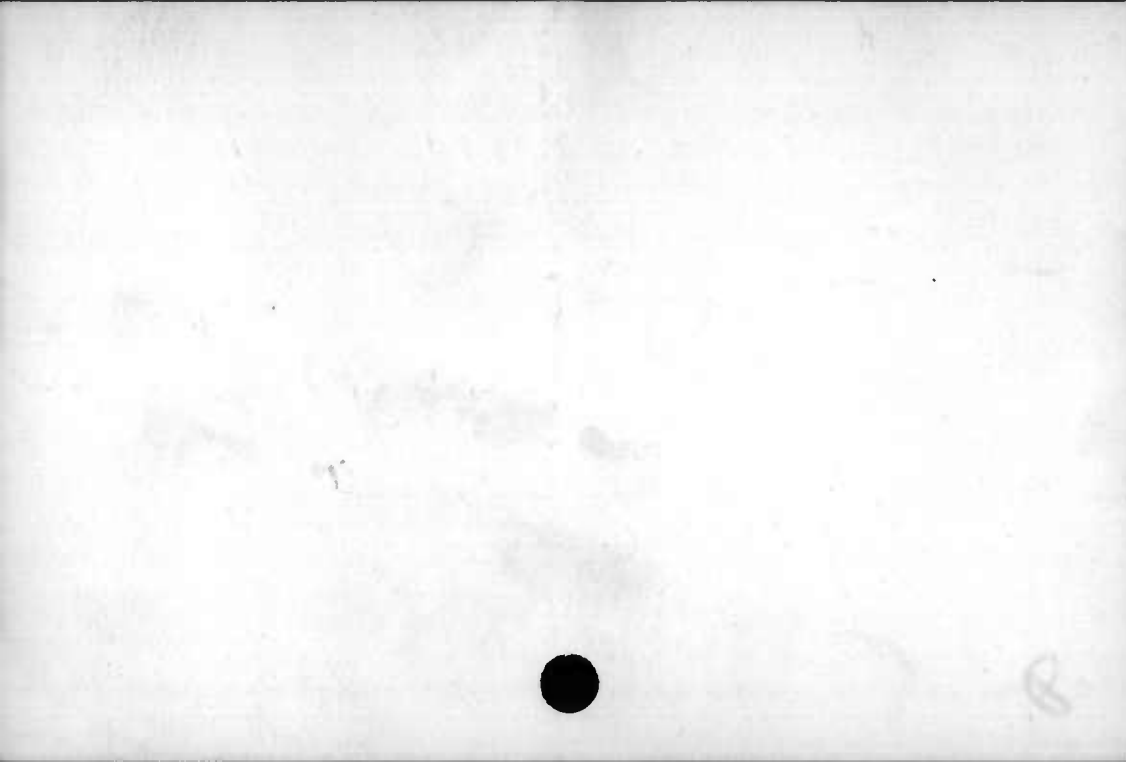
TO BE ANSWERED BY
NEAREST FRIEND

Died at Chance		Town County		Sourmont		MARYLAND	
Date of death 190		7	Month	31	Day	17	Years
Sex Female		Color or Race		White		Birth- place	Md
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Joseph Campbell		Father's - Birthplace		New Jersey	
Mother's Maiden Name		Rosa Wheeler		Mother's Birthplace		S. Md	
Name of person giving In formation		Joseph Campbell		How related to deceased		Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	diphtheria	How long	9 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		B. J. W. [Signature]	
Address		Sourmont, Md	
Accident or Suicide?			



Name
in
Full

Earl C. Cathers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

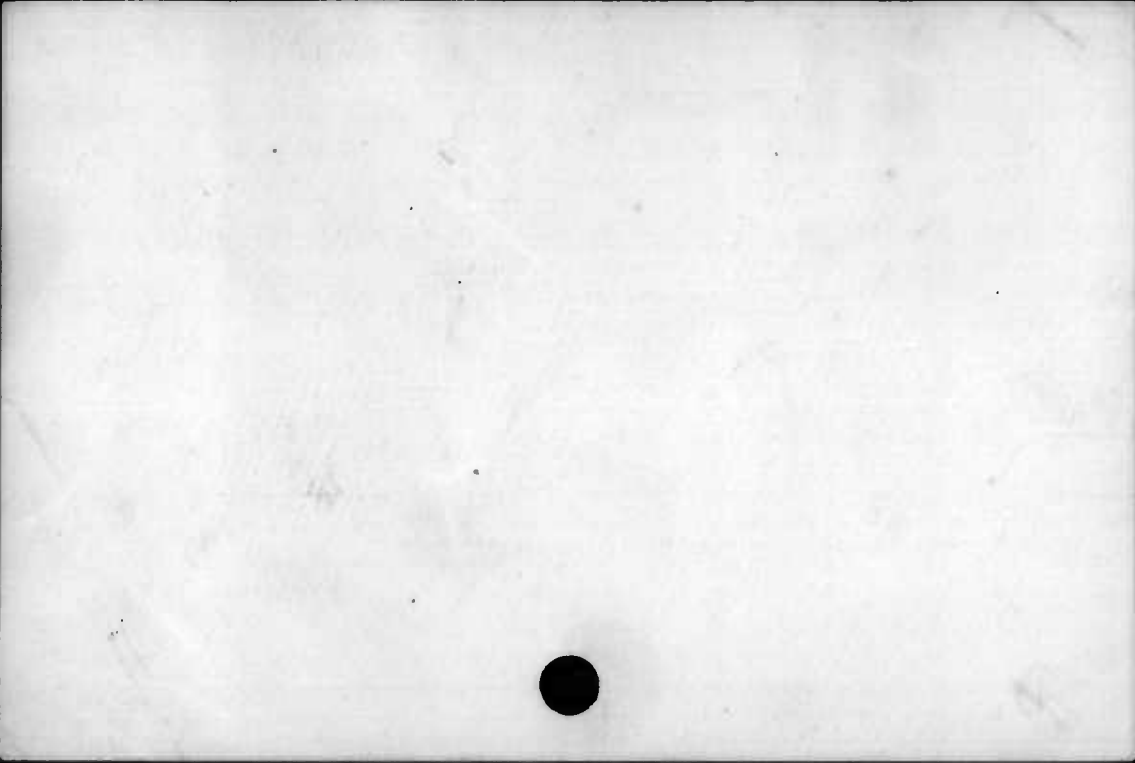
Died at <i>Sam Hill</i>			County <i>Southern</i>		MARYLAND	
Date of death	1907	Month <i>Dec</i>	Day <i>26</i>	Age <i>18</i>	Months <i>10</i>	Days <i>16</i>
Sex <i>male</i>	Color or Race <i>white</i>			Birth-place <i>Penna.</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>—</i>			
Father's Name <i>Geo. W. Cathers</i>				Father's Birthplace <i>Penna.</i>		
Mother's Maiden Name <i>Lotta B Chambers</i>				Mother's Birthplace <i>Ohio</i>		
Name of person giving information				How related to deceased		

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>3 wks.</i>
Immediate <i>Peritonitis from perforation</i>	How long <i>about 8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Chas. E. Hester, M.D.</i>
	Address <i>Princess Anne, Md.</i>
Accident or Suicide? <i>8</i>	



Name
in
Full

Edith Cornish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

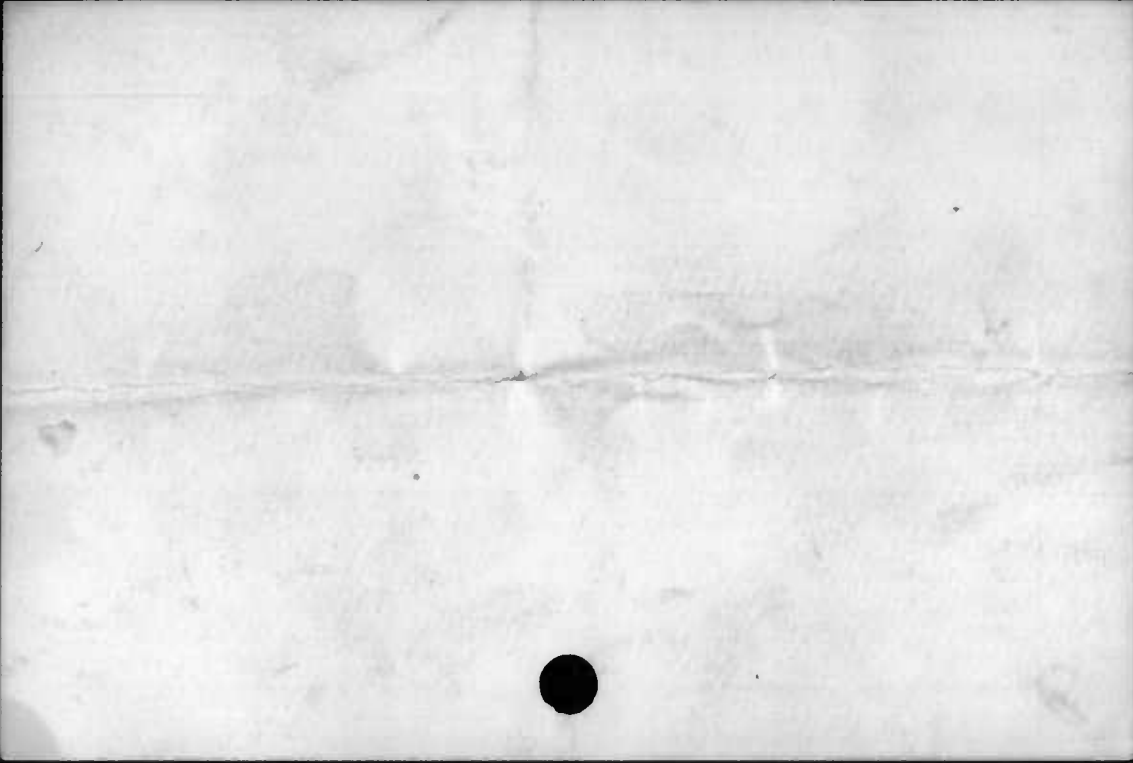
Died <i>near Princess Anne</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>12</i>	Day <i>29th</i>	Years <i>11</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Somerset Co. Md.</i>	
Occupation <i>School girl</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Daniel Cornish</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Eliza Parker</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Danl Cornish</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

101

PHYSICIAN
OR CORONER

Primary	<i>Acute Toxicilitis with Abscess formation</i>	How long	<i>2 days</i>
Immediate	<i>Toxemia + Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>W. Henry Fisher M. D.</i>	
		Address <i>Princess Anne, Md.</i>	
Accident or Suicide? <i>no.</i>			



Name
in
Full

CERTIFICATE OF DEATH

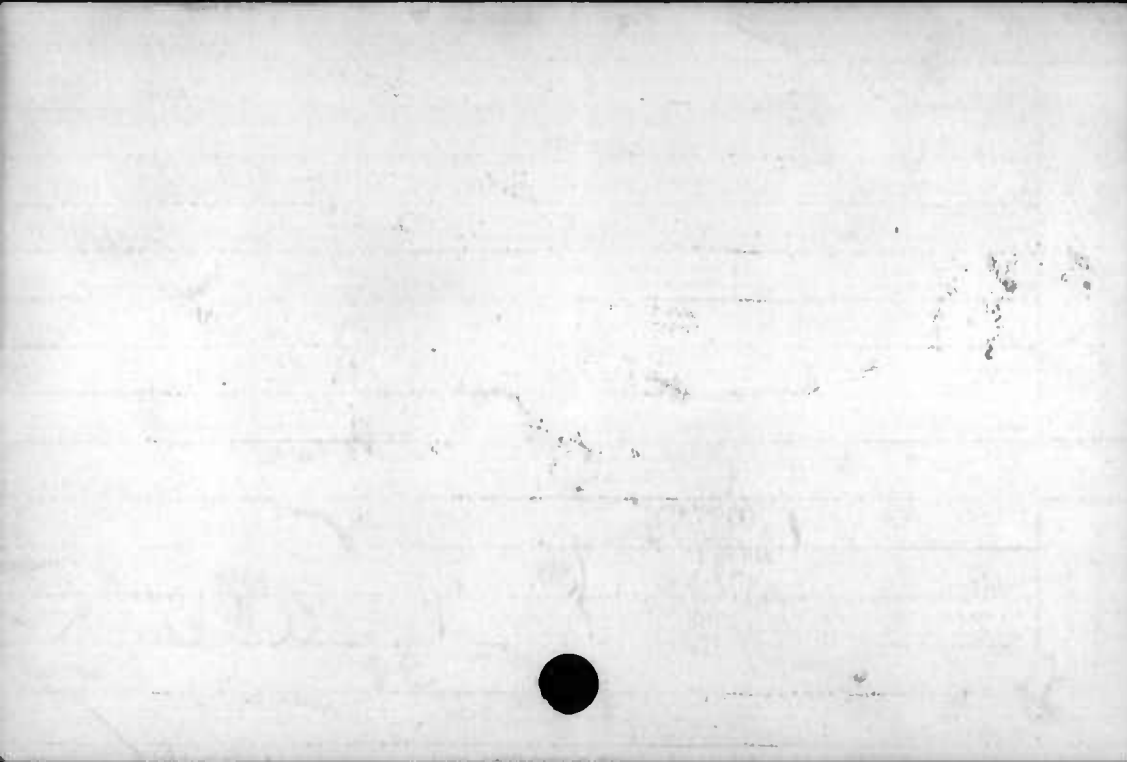
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Charles Elliott</i>		Town <i>Wrenona</i>		County <i>Somerset</i>		MARYLAND	
Died at <i>Wrenona</i>		Date of death <i>1907</i>		Age <i>19</i>		Months <i>12</i> Days <i>18</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Chance</i>			
Occupation <i>Waterman</i>		Where Residing if not at place of death <i>Wrenona</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Henry Elliott</i>		Father's Birthplace <i>Dunkirk, Co</i>					
Mother's Maiden Name <i>Julia Messick</i>		Mother's Birthplace <i>Danvers, Quarters</i>					
Name of person giving information <i>Henry Elliott</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Overdosing</i>	How long <i>(1 1/2)</i>
Immediate <i>Dyspnoea</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. G. Alexander</i>
	Address <i>Somerset Co.</i>
Accident or Suicide?	



Name
in
Full

Annie May Harlow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Kensfield		County Somerset		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		12	2	22	22		
Sex	Female		Color or Race	White		Birth-place	Md
Occupation	Housewife			Where Residing if not at place of death Kensfield. Md			
Married, Single or Widowed	Married		Name of Wife or Husband Harry Harlow				
Father's Name	Unknown					Father's Birthplace	—
Mother's Maiden Name	Unknown					Mother's Birthplace	—
Name of person giving information	G. C. Simonson					How related to deceased	None

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis of Lungs		How long	4 months
Immediate	—		How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician G. C. Simonson	
			Address Kensfield Md	
Accident or Suicide?				



Name
In
Full

CERTIFICATE OF DEATH

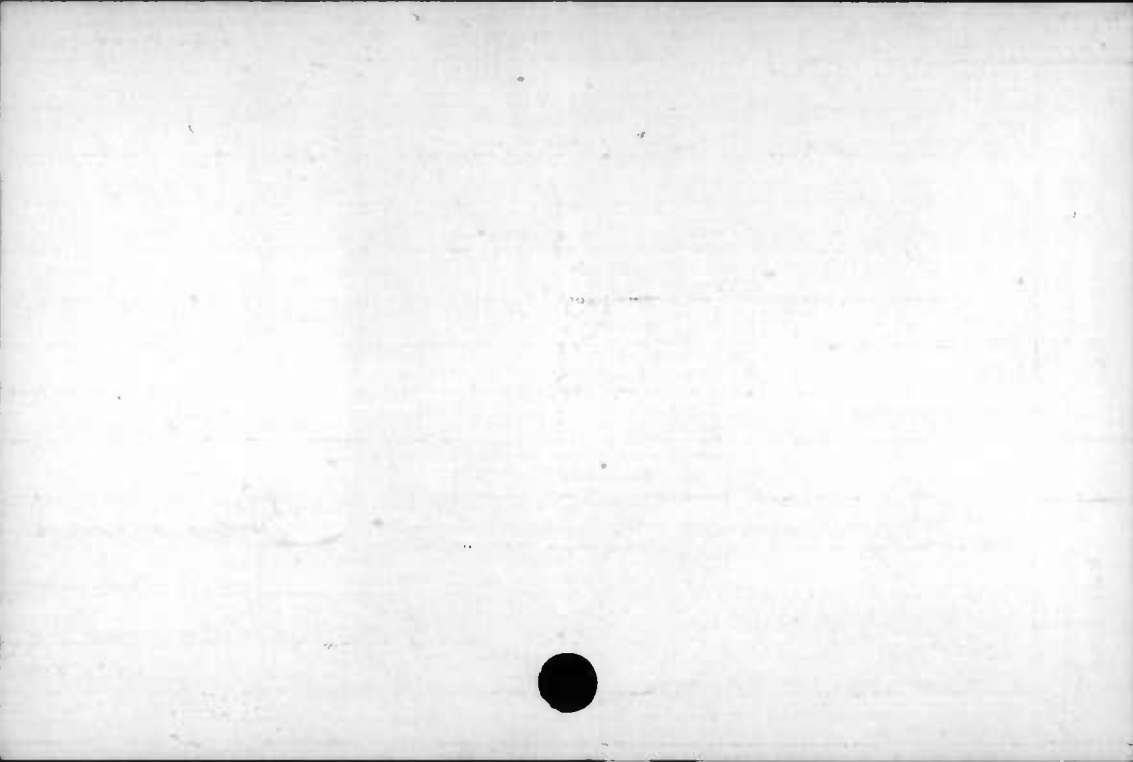
TO BE ANSWERED BY
NEAREST FRIEND

Name		Infant Still Bory Harris		Town		Deale's Island		County		Somerset		MARYLAND	
Died at		Date of death		Month		Day		Age		Years		Months	
Sex		Female		Color of Race		Balard		Birth-place		Morgland		Days	
Occupation				Where Residing if not at place of death									
Married, Single or Widowed				Name of Wife or Husband									
Father's Name		Luck Harris		Father's Birthplace		Morgland							
Mother's Maiden Name		Esther Pivous		Mother's Birthplace		Morgland							
Name of person giving information		Luck Harris		How related to deceased		Father							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
In
Full

Rodger Hoffman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

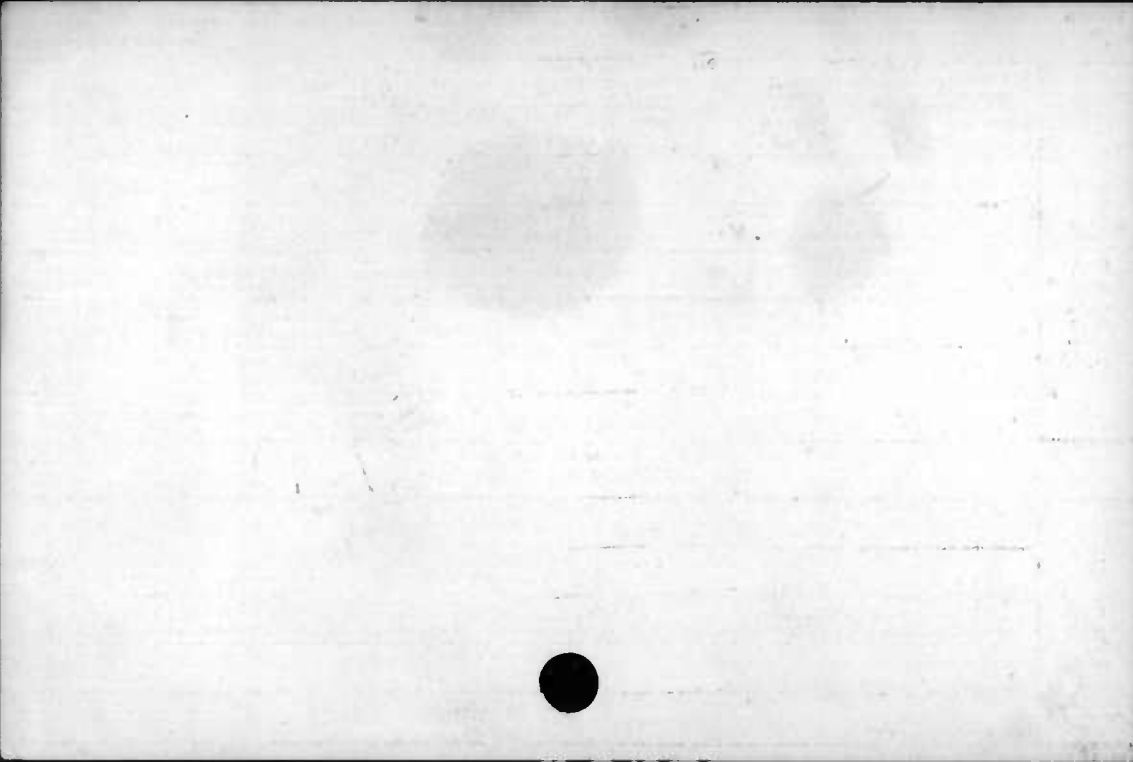
Died at		Town <i>Newova</i>		County <i>Somerset</i>		MARYLAND	
Date of death		190	Month <i>7</i>	Day <i>26</i>	Age <i>6</i>	Years	Months
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Newova</i>			
Occupation <i>None</i>				Where Residing if not at place of death <i>Newova</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Prattymann Hoffman</i>				Father's Birthplace <i>Newova</i>			
Mother's Maiden Name <i>Mary Cooksey</i>				Mother's Birthplace <i>Minerva Co</i>			
Name of person giving information <i>Prattymann Hoffman</i>				How related to decedent <i>Father</i>			

CAUSES OF DEATH

(101)

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia Toxic</i>	How long	<i>One week</i>
Immediate	<i>Toxemia</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. H. Alexander</i>	
<i>Filed by undertaker</i>		Address <i>BSomerset Co</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

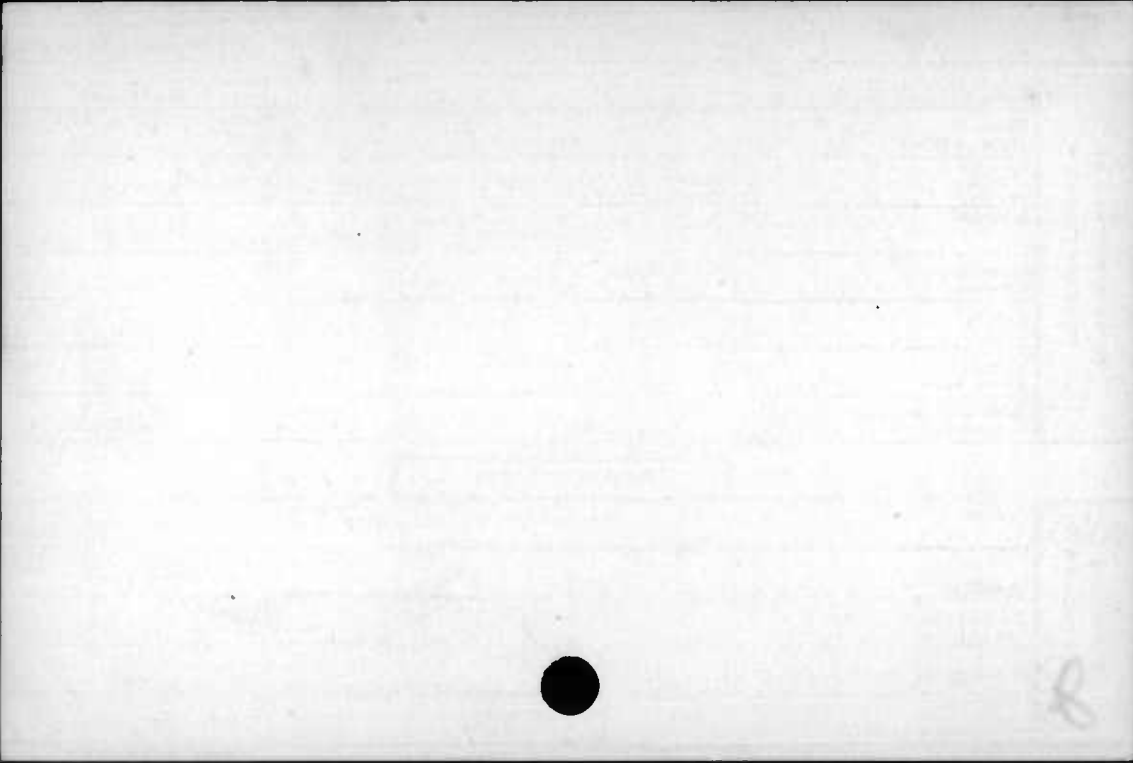
Name <i>Thos H. Keys</i>		Town <i>Chesapeake Bay</i>		County <i>Somerset</i>		STATE <i>MARYLAND</i>	
Date of death <i>8 Dec</i>		Day <i>8</i>		Age <i>26</i> Years		Months <i>-</i> Days <i>-</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Unknown</i>			
Occupation <i>Engineer</i>		Where Residing if not at place of death <i>Balti. Md</i>					
Married, Single or Widow <i>Single</i>		Name of Wife or Husband <i>No</i>					
Father's Name <i>Jos Keys</i>		Father's Birthplace <i>U. S. A.</i>					
Mother's Maiden Name <i>Mary Sullen</i>		Mother's Birthplace <i>Balti Md</i>					
Name of person giving information <i>H. O. Suroot</i>		How related to deceased <i>Cousin</i>					

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary Cause of Death <i>Drowning - Unknown - body found in Bay - held breath</i>	How long <i>Unknown</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. N. Coulbourn</i>
Accident or Suicide? <i>Accident</i>	Address <i>Crawfield, Md</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

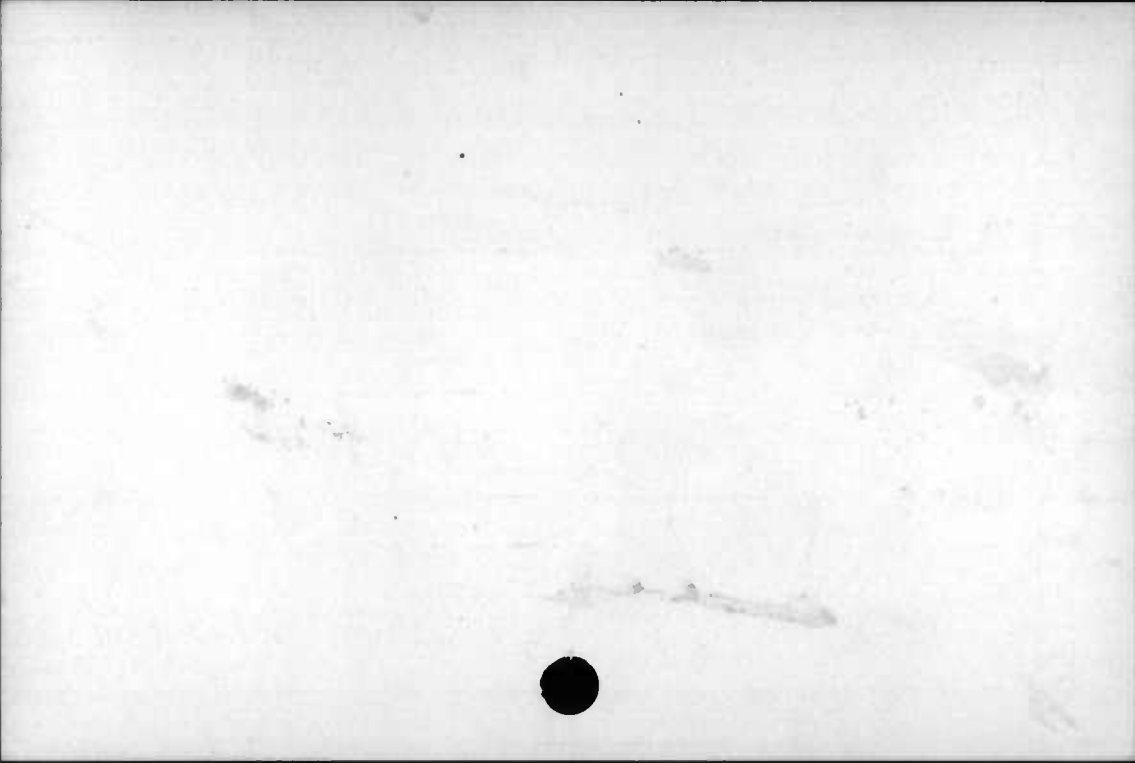
Died at <i>Mon Pr Anne</i>		Town <i>Somerset</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>12</i>	Day <i>4</i>	Age <i>62</i>	Years <i>✓</i>	Months <i>✓</i>	Days <i>✓</i>	
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>ms</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Comfort Leathersburg</i>					
Father's Name <i>Ebber Leathersburg</i>			Father's Birthplace <i>ms</i>				
Mother's Maiden Name <i>Salt Keyes</i>			Mother's Birthplace <i>✓</i>				
Name of person giving information <i>Sarah Leathersburg</i>			How related to deceased <i>Son</i>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long
Immediate <i>Asthma</i>	How long <i>3 or 4 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>T. J. Smith (Not in attendance)</i>
	Address <i>Pr Anne rd</i>
Accident or Suicide?	



Name
in
Full

Asbury Maddox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
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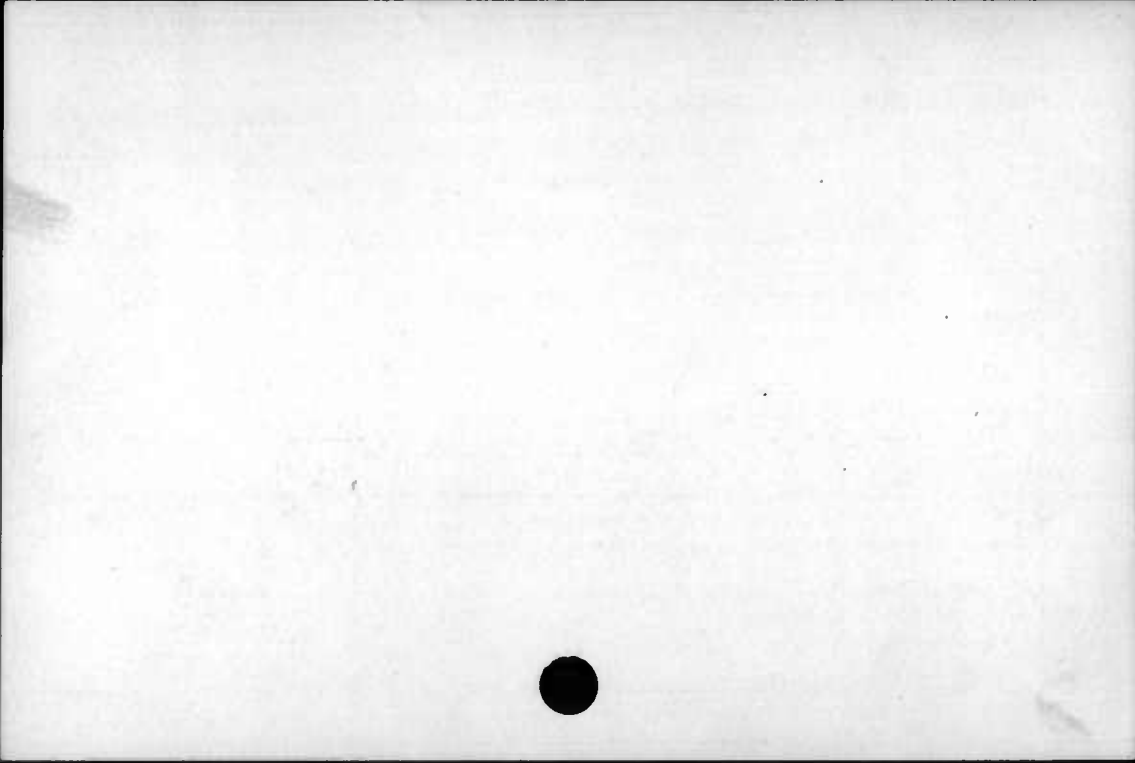
Died at <i>Princess Anne</i> ^{Town}			<i>Somerset</i> ^{County}		MARYLAND	
Date of death <i>1907</i>		Month <i>12th</i>	Day <i>24th</i>	Years <i>67</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Dead.</i>				
Father's Name <i>Major Maddox</i>				Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Louise Turpin</i>				How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Organic Heart Disease</i>	How long <i>?</i>
Immediate	<i>Cardiac Syncope</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>W. Henry Fisher M. D.</i>
		Address <i>Princess Anne Md.</i>
Accident or Suicide?		



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Knigs Creek</i>		Town		County		MARYLAND	
Date of death	1907	Month	Dec	Day	20	Years	Age 60
Sex	male	Color or Race	Black	Birth-place	md.	Months	Days
Occupation	<i>Farmer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>married</i>			Name of Wife or Husband <i>Annie Peyton</i>			
Father's Name	<i>Henry Bestor (or Peyton)</i>			Father's Birthplace <i>(?)</i>			
Mother's Maiden Name	<i>unknown</i>			Mother's Birthplace <i>(?)</i>			
Name of person giving information	<i>Ses. Battman</i>			How related to deceased <i>None</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Endocarditis</i>	How long	<i>about 2 years</i>
Immediate	<i>sudden syncope</i>	How long	<i>immediate</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Chas. J. Guster M.D.</i>
		Address	<i>Princes Anne</i>
Accident or Suicide?			<i>md.</i>

1920-1921



Name
in
Full

Lorenzo Reed

Somerset

CERTIFICATE OF DEATH

TO BE ANSWERED BY
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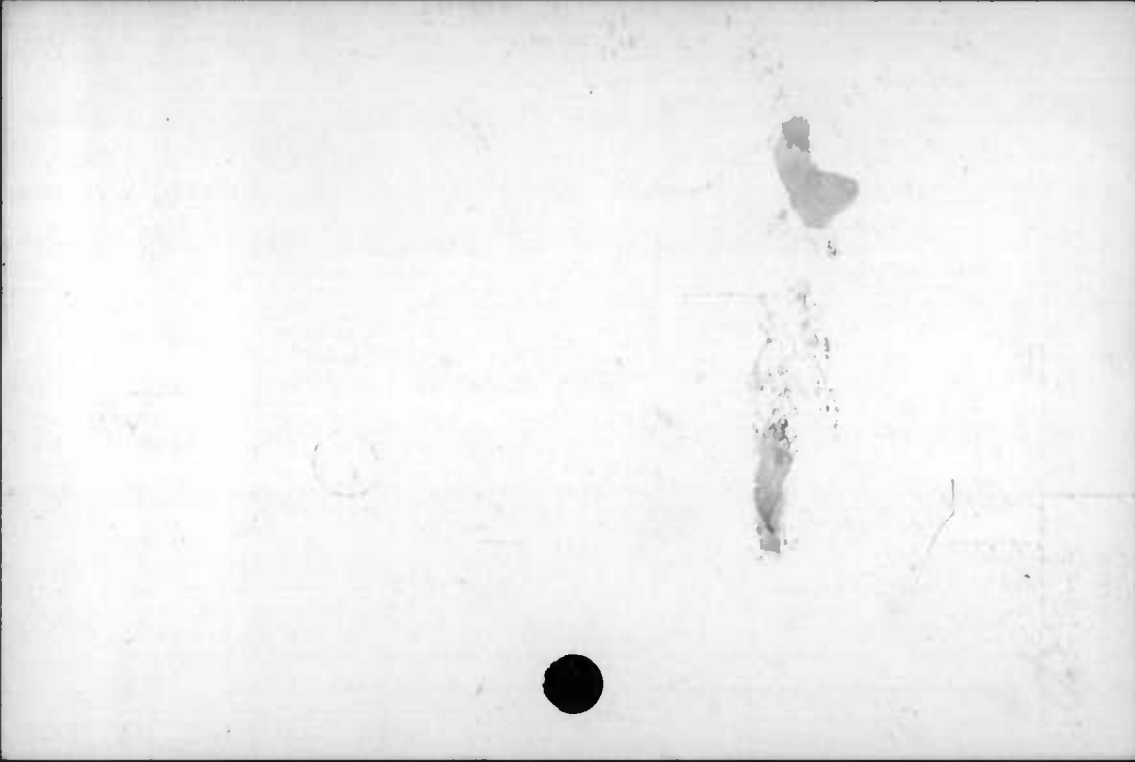
Died at <u>Bethesda</u>		County <u>Somerset</u>		MARYLAND	
Date of death	1907	Month	Dec.	Day	20
Sex	Male	Color or Race	White	Age	30
Occurrence	Mill Hand	Where Residing if not at place of death			
Married, <u>Yes</u>	Name of Wife or <u>Maggie</u>				
Father's Name	<u>John</u>			Father's Birthplace	<u>Pa</u>
Mother's Maiden Name	<u>Mary</u>			Mother's Birthplace	"
Name of person giving information	<u>His Father</u>			How related to deceased	

CAUSES OF DEATH

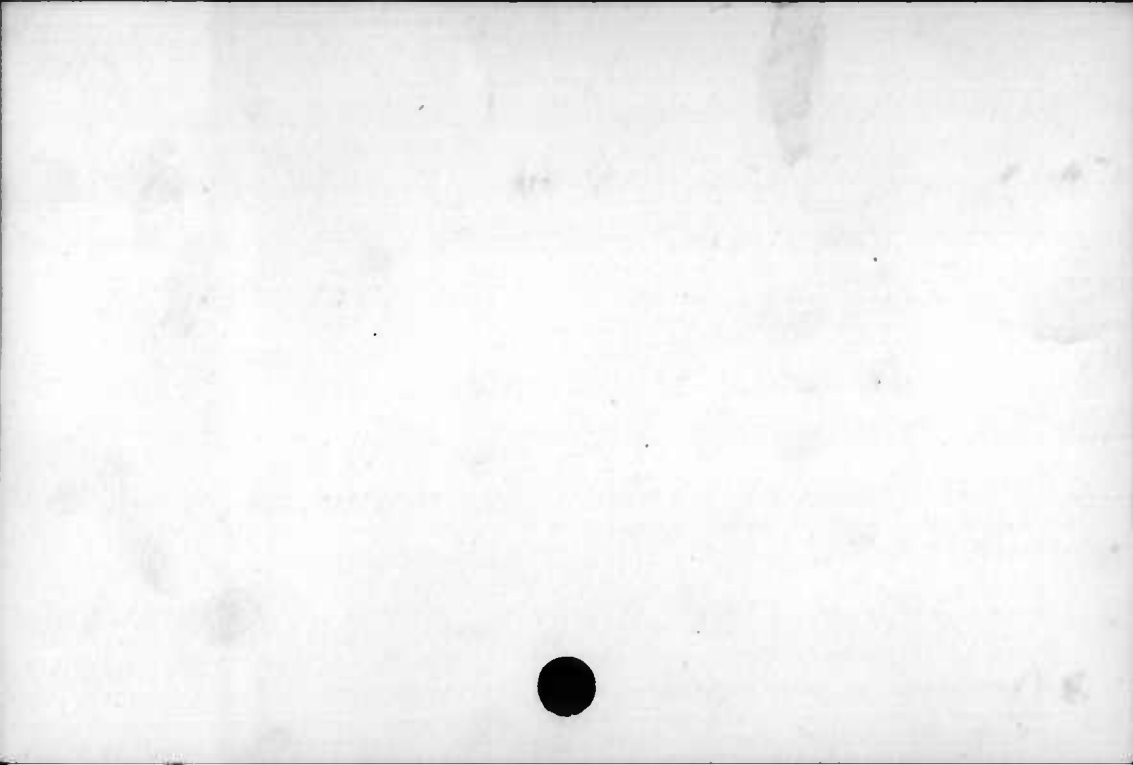
(6)

PHYSICIAN
OR CORONER

Primary	<u>Measles</u>	How long	<u>2 weeks</u>
Immediate	<u>Double Pneumonia</u>	How long	<u>1 "</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. A. Somers</u>
Accident or Suicide?	<u>No</u>	Address	<u>622 First, Wash</u>



Name in Full		Edwin L. Field Revelle				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died near West ^{Town}		County ^{Somerset}		MARYLAND			
		Date of death 1907	Month 1	Day 31 st	Age 4	Years	Months	Days	
		Sex Male		Color or Race White		Birth-place Somerset Co. Md.			
		Occupation None		Where Residing if not at place of death					
		Married, Single or Widowed Single		Name of Wife or Husband					
		Father's Name John Wesley Revelle				Father's Birthplace Md.			
		Mother's Maiden Name Hester Hitchens				Mother's Birthplace Delaware			
TO BE ANSWERED BY PHYSICIAN OR CORONER		Name of person giving information Fester Revelle				How related to deceased Mother			
		CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Diphtheria		How long 3 days.					
		Immediate Asphyxia + Cardiac failure		How long Suddenly					
		Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician W. Henry Fisher M.D.					
				Address Primers Anne					
		Accident or Suicide? No						Md.	



Name
in
Full

Webster Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Upper Fairmount</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Dec</i>	Day	<i>1st</i>
Age	<i>27</i>	Years	<i>2</i>	Months	<i>21</i>
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birth-place	<i>Somerset Co</i>
Occupation	<i>Work in Stone Yard</i>		Where Residing if not at place of death <i>Baltimore</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Jennie Robinson</i>		
Father's Name	<i>Robert Robinson</i>		Father's Birthplace	<i>Somerset Co</i>	
Mother's Maiden Name	<i>Sarah Ballard</i>		Mother's Birthplace	<i>Somerset Co</i>	
Name of person giving information	<i>Ben Williams</i>		How related to deceased	<i>Nephew</i>	

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>About 1 year</i>
Immediate	<i>Hemorrhage</i>	How long	<i>A few minutes</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>G.E. Dickinson</i>
		Address	<i>Upper Fairmount</i>
Accident or Suicide?	<i>✓</i>		



Name
in
Full

Wm Somers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

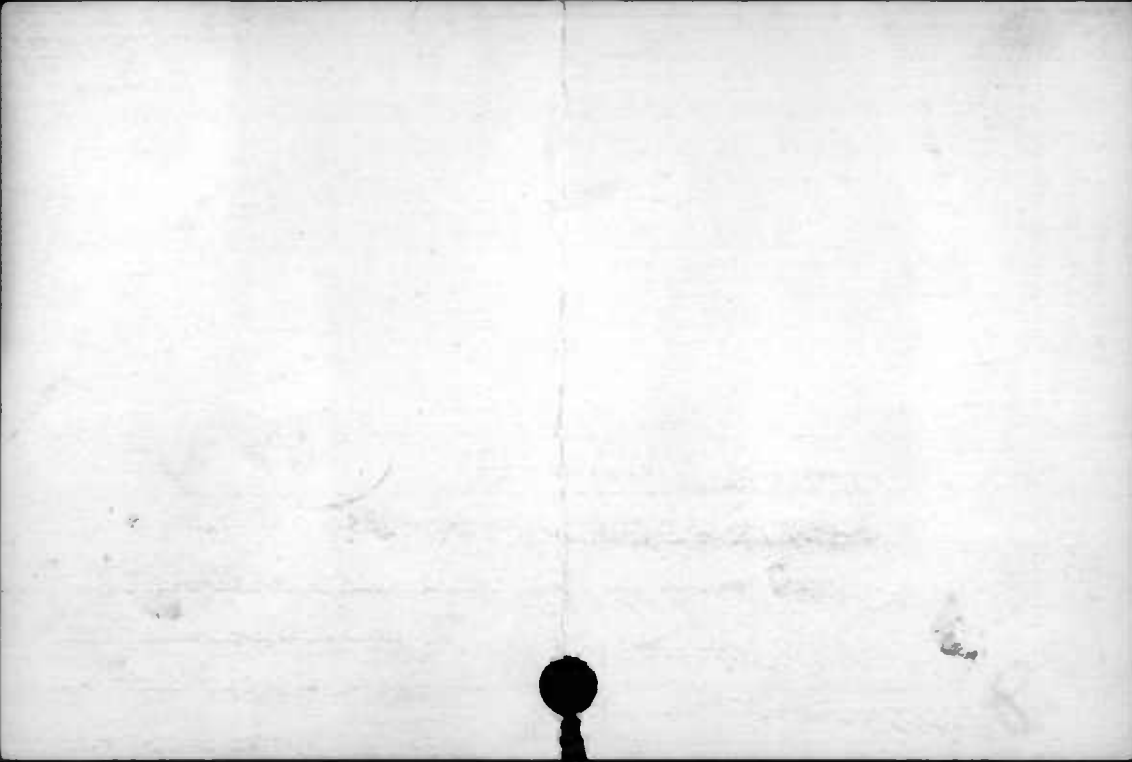
Died at		Town C Lamp		County Somerset		MARYLAND	
Date of death		1907	Month Dec	Day 8	Age 73	Months —	Days —
Sex Male		Color or Race White		Birth-place Maryland			
Occupation Retired Cypertman		Where Residing if not at place of death ✓					
Married, Single or Widowed Married		Name of Wife or Husband Lizzie Somers					
Father's Name John Somers		Father's Birthplace Md					
Mother's Maiden Name Lallie Somers		Mother's Birthplace Md					
Name of person giving information Geo Somers		How related to deceased Cousin					

CAUSES OF DEATH

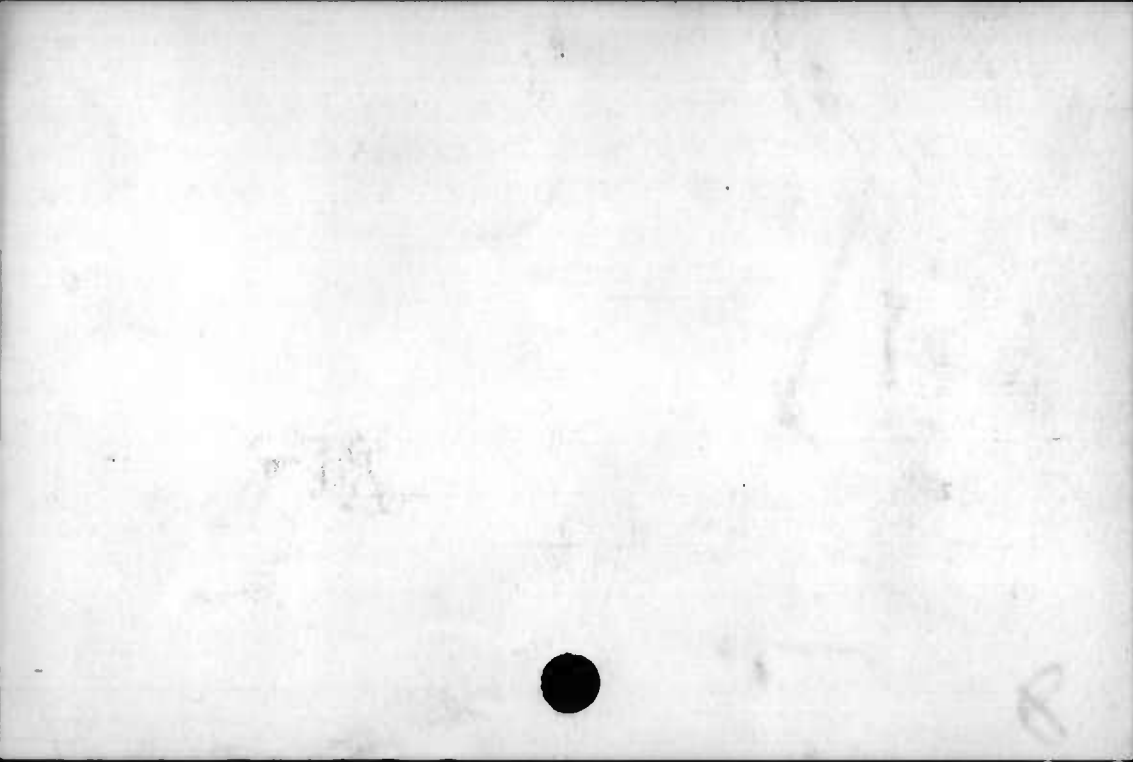
64

PHYSICIAN
OR CORONER

Primary	Cerebral Hemorrhage	How long 6 wks
Immediate	Asphyxia	How long 3 days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician F B H Stoy
Address Aridle		
Accident or Suicide? 8		



Name in Full		Louis Ligner				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Channah		County Somerset		MARYLAND	
	Date of death	1907	Month Dec.	Day 28th	Age 12	Months	Days
	Sex	Male		Color or Race	White		
	Occupation			Birth-place Somerset Co.			
	Where Residing if not at place of death						
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Louis Ligner			Father's Birthplace Somerset Co.		
Mother's Maiden Name	Aunie Waller			Mother's Birthplace Somerset Co.			
Name of person giving information	Louis Ligner			How related to deceased Father			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Diptheria			How long	5 days	
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	S. J. Windsor, M.D.	
					Address	Parker, Recenter Somerset Co., Md.	
	Accident or Suicide?						



Name
in
Full

Cooper Asberry Tyler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cowell		County Somerset		MARYLAND	
Date of death		Month Dec		Day 30		Years 2	
Sex Male		Color or Race White		Birth- place Cowell, Md		Months 11	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Andrew Schelty Tyler		Father's Birthplace		Cowell, Md	
Mother's Maiden Name		Maurice S. Evans		Mother's Birthplace		Cowell, Md	
Name of person giving In formation		Andrew Schelty Tyler		How related to deceased		Father	

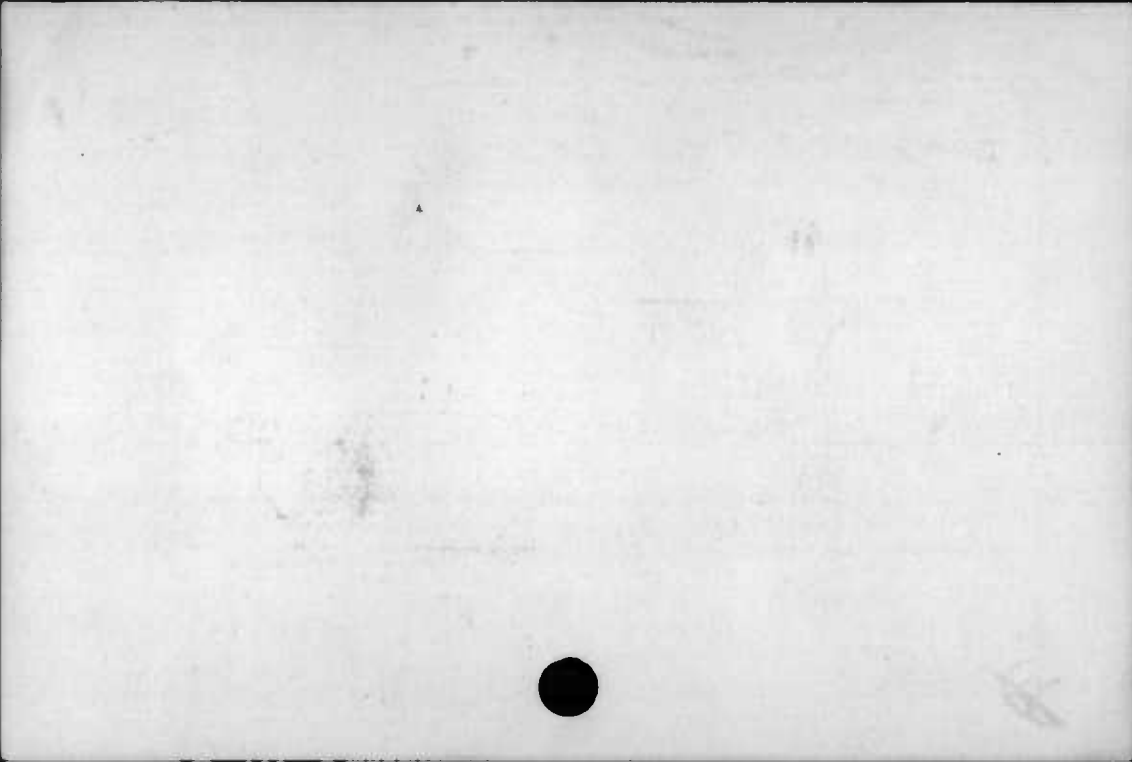
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Laryngitis	How long	9 days
Immediate	Edema of Larynx	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			

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R. H. Evans
Cowell, Md



Name in Full		Elison Wallace				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Deals Island		County			
		Somerset		MARYLAND					
		Date of death	1907	Month	Dec	Day	27	Age	65
		Sex	Male	Color or Race	Colored	Birth-place	Maryland	Months	Days
		Occupation	Farmer	Where Residing if not at place of death		Deals Island Md			
		Married, Single or Widowed	Name of Wife or Husband						
Father's Name		Ezikel Wallace				Father's Birthplace		Virginia	
Mother's Maiden Name		Hanna White				Mother's Birthplace		Maryland	
Name of person giving information		Dr. J. W. Heintz				How related to deceased		Wife	
		CAUSES OF DEATH				(179)			
PHYSICIAN OR CORONER		Primary		heart failure		How long		2 Hours	
		Immediate				How long			
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Geo B. Forner, Sub Reg.	
						Address		Deals Island Md	
		Accident or Suicide?							

